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APPLICANTS

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** CONTINUING DATA ** *NO, PG* ******* FOREIGN APPLICATIONS ** *NO, PG* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/04/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 25	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

32294
 SQUIRE, SANDERS & DEMPSEY L.L.P.
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TITLE

METHOD AND APPARATUS FOR AN OUTPUT PACKET ORGANIZER

FILING FEE RECEIVED	FEEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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